

CODE	Section X DISENROLLMENT	Y E S	N O	N O T E
	Standard of 95 percent relates to requirements of timeliness, accuracy and disclosure.			
GENERAL PROCEDURES (Voluntary and Involuntary Disenrollments) Use Worksheets: WS-DS1				
DS01	The MCO promptly disenrolls Medicare enrollees upon receipt of their written request (i.e., disenrollments are effective no earlier than the first day of the month following the month or, if requested by the enrollee, no later than three months from the date the MCO receives the request.) Enrollees are not required to submit disenrollment requests within a specified time frame in advance of the desired date. Disenrollment requests accepted by the MCO are signed and dated by Medicare enrollees. If the enrollee is unable to manage his/her affairs, a court-appointed guardian or other person authorized under state law may sign and date the disenrollment request. 42 CFR 417.461(a) and (b) and OPL95.007 [2nd revision dated October 2, 1997] <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
DS02	The MCO sends final notice to the enrollee confirming the date of disenrollment only after it has verified HCFA's effective date per the <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i> listings. Notice is sent within a reasonable amount of time (within 14-30 days) following receipt of the HCFA report. OPL95.007 [2nd revision dated October 2, 1997]			
GENERAL PROCEDURES (Involuntary Disenrollments Only)				
DS03	The MCO does not, orally or in writing, or by any action or inaction, request or encourage a Medicare enrollee to disenroll except for failure to pay premiums, a move outside the geographic area, fraud or abuse of membership card, failure to convert to the risk contract, loss of Part B, death of the enrollee, or for cause. 42 CFR 417.460; HMO Manual § 2004.1 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
DS04	The MCO notifies Medicare enrollees in writing of the intent to disenroll them on an involuntary basis, and mails such notices to enrollees, and allows a reasonable amount of time for the enrollees to respond (at least 20 days following date of the notice) before the effective disenrollment date and prior to sending notice to HCFA. The notice contains the proposed effective date, a clear explanation of the reason for disenrollment, information on the enrollee's right to a hearing under the MCO's grievance procedure, and a reminder that the enrollee must receive services through the MCO until the effective termination date. 42 CFR 417.460 and following; HMO Manual § 2004.9 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			

MOE	<div> <input type="checkbox"/> Determine if communications to Medicare enrollees encourage disenrollment in direct or subtle forms or threaten to disenroll enrollees for inappropriate reasons or on a retroactive basis. Does the MCO have a system for analyzing reasons for disenrollment and are reasonable efforts made to verify enrollees' status or intent before taking action to disenroll? </div> <div> <input type="checkbox"/> Is the language in enrollee correspondence regarding disenrollment technically correct and adequately explained? Does the MCO provide reasonable notice of and allow a reasonable amount of time for enrollee to respond (at least 20 days following date of notice) before it involuntarily disenrolls an enrollee? Does the notice include a clear explanation of the reason for disenrollment, the proposed date for disenrollment, and information regarding grievance procedures? </div> <div> <input type="checkbox"/> Determine if MCO is promptly submitting disenrollment actions to HCFA on a prospective basis. </div> <div> <input type="checkbox"/> Determine if the MCO reviews <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i> listings to verify whether inputs are accepted or rejected. Determine if appropriate follow up action is being taken in response to the <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i> listings regarding whether: <div> <input type="checkbox"/> enrollees receive final termination notice following receipt (within 14-30 days) of the <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i>, and if the language in the notice is technically correct; and <input type="checkbox"/> the MCO promptly resubmits actions and takes other appropriate action after a termination has been rejected. </div> </div> <div> <input type="checkbox"/> Does the MCO maintain an internal membership information system which is reconciled against HCFA records? Look for inconsistency in disenrollment dates between the two and the possibility that an earlier termination in the internal system results in denying claims for the remaining month(s) of HCFA enrollment. Does the MCO also maintain written internal instructions on handling Medicare enrollee disenrollments which are technically correct and are available to all appropriate MCO staff? </div> <div> <input type="checkbox"/> Determine if records for Medicare enrollees who have disenrolled from the MCO are kept on file for a reasonable period of time (e.g., one year) following the effective date of disenrollment. </div> <div> <u>Review:</u> <div> <input type="checkbox"/> internal procedural guides for membership and claims processing system; <input type="checkbox"/> language in marketing materials or standard disenrollment, change of information, and other forms used by the MCO or employer groups; routine correspondence/communication to Medicare enrollees regarding involuntary and voluntary disenrollment; miscellaneous communication in sampled enrollee files; and <input type="checkbox"/> Employer Group Health Plan (EGHP) contract language, disenrollment survey results, complaint logs, grievance cases, and information from review of selected samples. </div> </div> <div> <u>Interview:</u> Staff responsible for: accepting/processing disenrollments; making involuntary disenrollment determinations, and issuing and controlling correspondence to terminating EGHP and non-group Medicare enrollees. </div>
<div> <div>INVOLUNTARY DISENROLLMENT - FAILURE TO PAY PREMIUM</div> <div>Use Worksheet: WS-DS1</div> </div>	
DS05	<div> <div>The MCO disenrolls Medicare enrollees who fail to pay premiums or other imposed charges only after demonstrating it made reasonable efforts to collect amounts due.</div> <div>42 CFR 417.460(b)(1)(i) and (c)</div> <div> <div>[] Not Applicable</div> <div>[] MET</div> <div>[] NOT MET</div> </div> </div>

DS06	When a high option MCO enrollee fails to pay a portion of the premium for supplemental benefits, but pays a premium for the deductible and coinsurance amounts, the MCO retains those enrollees in the basic option benefit MCO and advises them in writing of the change in coverage. 42 CFR 417.460(c)(2) <input type="checkbox"/> Not Applicable <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
INVOLUNTARY DISENROLLMENT - ENROLLEE MOVES OUT OF MCO's GEOGRAPHIC AREA				Use WS-DS1
DS07	Except as specified in 42 CFR 417.460(f)(2), the MCO disenrolls Medicare enrollees who move outside of the approved service area for more than 90 consecutive days. 42 CFR 417.460(f)(1); HMO Manual § 2004.3 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
DS08	The MCO makes reasonable efforts to establish that Medicare enrollees have permanently moved from the approved service area. Such efforts are documented in writing or evidence exists in some other form acceptable to HCFA. 42 CFR 417.460(f)(1)(ii) ; HMO Manual § 2004.3 <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
DS09	When the MCO retains enrollees who leave the service area for more than 90 consecutive days, it agrees in writing with the enrollee on restrictions for obtaining health care; however, restrictions are not imposed on the scope of Medicare-covered services as defined in 42 CFR 417.440. 42 CFR 417.460(f)(2)(ii); OPL 96.042 <input type="checkbox"/> Not Applicable <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
DS10	The option to retain Medicare enrollees who are on extended absence from the service area (more than 90 consecutive days) is made available to all enrollees, unless the MCO is affiliated with other organizations, in which case it limits the option to enrollees who move to a geographic area served by the related organization which has both a contract under section 1876 of the Act and meets the definitions of "affiliated organization". 42 CFR 417.460(f)(2)(iii); <i>Federal Register</i> , Vol. 56, No. 178; OPL 96.042 <input type="checkbox"/> Not Applicable <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
DS11	The MCO has agreements in effect with only affiliated organizations which are contracting with HCFA to furnish the same services to its Medicare enrollees which the MCO itself would provide. <i>Federal Register</i> , Vol. 56, No. 178; OPL 96.042 <input type="checkbox"/> Not Applicable <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			
DS12	The MCO disenrolls enrollees who leave the MCO's service area for an extended absence and fail to return within one year of the date he or she left the geographic area. 42 CFR 417.460(f)(2)(vi); <i>Federal Register</i> , Vol. 56, No. 178; OPL 96.042 <input type="checkbox"/> Not Applicable <input type="checkbox"/> MET <input type="checkbox"/> NOT MET			

INVOLUNTARY DISENROLLMENT - FAILURE TO CONVERT TO RISK CONTRACT PROVISIONS				
DS13	MCOs converting from a cost to a risk contract inform current non-risk Medicare enrollees within 30 days of signing a risk contract of their right to remain enrolled as cost enrollees and of their right to convert to risk enrollment at any time until HCFA determines (per 42 CFR 417.444) that remaining cost enrollees must be covered under the risk provisions of the contract. 42 CFR 417.460(g), Federal Register, Vol. 56, No. 178	<input type="checkbox"/> Not Applicable <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
DS14	After HCFA has determined that non-risk Medicare enrollees must be converted to the risk MCO, the organization disenrolls enrollees who refuse to convert only after providing notice to them <u>at least</u> 30 days before HCFA is notified of their disenrollment. 42 CFR 417.460(g)(2)	<input type="checkbox"/> Not Applicable <input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
INVOLUNTARY DISENROLLMENT - FRAUD OR ABUSE OF MEMBERSHIP CARD				
DS15	Medicare enrollees who are disenrolled for fraud or abuse are only disenrolled if they knowingly provide fraudulent information which materially affects the organization or affects the applicant's eligibility to enroll or because an enrollee intentionally permits others to use the membership card to receive MCO services. 42 CFR 417.460(d)(1)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
DS16	The MCO advises HCFA of such disenrollments only after reasonable advance notice is given to enrollees. 42 CFR 417.460(d)(2)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
DS17	The MCO maintains documents related to the decision to disenroll and reports these disenrollments to the Office of Inspector General. CFR 417.460(d)(3)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
INVOLUNTARY DISENROLLMENT - LOSS OF MEDICARE PART A AND/OR PART B ENTITLEMENT				
DS18	The MCO disenrolls Medicare enrollees who lose Part B entitlement effective the month following the last month of such entitlement. 42 CFR 417.460(h)(2)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
DS19	Enrollees who lose entitlement to Part A but remain entitled to Part B of Medicare automatically continue in the MCO as Part B enrollees. 42 CFR 417.460(h)(1)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		
INVOLUNTARY DISENROLLMENT - FOR CAUSE				
DS20	The MCO disenrolls Medicare enrollees for cause only when their behavior is disruptive, unruly, abusive or uncooperative to the extent continuing membership impairs MCO's ability to furnish services to enrollee or others. 42 CFR 417.460(e)(1)	<input type="checkbox"/> MET <input type="checkbox"/> NOT MET		

DS21	<p>The MCO disenrolls Medicare enrollees for cause only after serious efforts to resolve the problem, including use of internal grievance procedures, consideration of extenuating circumstances, and HCFA's advance approval of the proposed disenrollment.</p> <p>42 CFR 417.460(e)(2), (3), (4), (5)</p> <p style="text-align: right;">[] MET [] NOT MET</p>			
DS22	<p>The MCO disenrolls enrollees effective the first day of the calendar month after the month in which notice is given to them of the intended action. 42 CFR 417.460(e)(6)</p> <p style="text-align: right;">[] MET [] NOT MET</p>			
MOE	<p>In addition to the questions/issues discussed in the General Procedures section (DS01 - DS06) of the MOE, verify that specific regulatory requirements for involuntary disenrollments are followed.</p> <p><input type="checkbox"/> Determine MCO procedures which identify Medicare enrollees who are delinquent in paying premiums. Is there a consistent process for identifying and notifying enrollees of delinquent payments, and are delinquency notices issued within a reasonable period of time? Time frames for notification and termination should be specified and reasonable so enrollees who do not pay premiums are not locked into the MCO for an unreasonable period beyond the intended disenrollment date. Verify that Medicare enrollees are given at least 20 days from the date of warning notice to respond before final termination is submitted to HCFA.</p> <p><input type="checkbox"/> Does the MCO have a process for identifying enrollees who have possibly moved outside the service area for more than 90 consecutive days? What sources, other than the <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i> listings, are used? When the <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i> listings indicate that an applicant or existing enrollee has an address outside the approved service area, what steps are taken to verify the address? When the applicant/enrollee resides in the service area but a different mailing address is in HCFA records, does MCO work with the HCFA RO for correction? How does MCO treat Medicare enrollees who move outside the service area for more than 90 consecutive days? Are they disenrolled, or if not, are all enrollees given the same opportunity to extend coverage? If the latter, are they terminated after an absence of one year? Does the MCO provide at least all Medicare-covered benefits to enrollees who remain enrolled while outside the service area? If only those enrollees who transfer to a geographic area served by an affiliate organization are covered, what agreement exists between the organizations to ensure that enrollees are provided the same benefits as they would have received from the originating MCO?</p> <p><input type="checkbox"/> In cases where the individual has been terminated for loss of Part B entitlement, is enrollee advised of disenrollment and given clear reasons for action? Is the member advised to contact SSA? Where Part A entitlement has been lost, is the enrollee notified both of the option to remain enrolled and of any corresponding changes in benefits and/or premiums?</p> <p><input type="checkbox"/> If the MCO is converting from a cost to a risk MCO, determine if the MCO has procedures for informing non-risk enrollees of the change and their rights to remain as cost enrollees or convert to risk. If HCFA determines that non-risk enrollees <u>must</u> convert to the risk MCO, is there evidence that the MCO disenrolls enrollees who wish <u>not</u> to enroll in the risk MCO only after giving them 30 days notice before HCFA is notified of the disenrollment.</p>			

MOE cont'd	<p><input type="checkbox"/> Does the MCO have procedures for terminating enrollees for fraud/abuse or for cause? Are they adequate, fair, and include supporting documentation of attempts to notify enrollee of problem and proposed termination action? When an enrollee has been disenrolled for fraud or abuse, has case information been sent to the Office of Inspector General? When a "for cause" case has arisen, has MCO made serious attempts to resolve the problem and given consideration to extenuating circumstances? Are for-cause cases referred to the HCFA RO for approval prior to final MCO termination action?</p> <p>Review:</p> <p><input type="checkbox"/> Routine communication to Medicare enrollees regarding involuntary disenrollment</p> <p><input type="checkbox"/> Miscellaneous communication in sampled enrollee files</p> <p><input type="checkbox"/> <i>HCFA Monthly Transaction Replies/Monthly Activity Report</i> listings</p> <p><input type="checkbox"/> Internal procedural guides</p> <p><input type="checkbox"/> Internal MCO enrollment and claims processing systems</p> <p><input type="checkbox"/> Standard disenrollment and other membership forms used by MCO or EGHPs</p> <p><input type="checkbox"/> Disenrollment survey results, complaint logs, grievance cases, and information from review of selected samples.</p> <p>Interview: Staff responsible for: making determinations regarding involuntary disenrollments, processing those actions, and issuing and controlling correspondence to Medicare enrollees.</p>
<div>VOLUNTARY DISENROLLMENT</div> <div>Use Worksheet: WS-DS1</div>	
DS23	<p>The MCO promptly sends a letter to the enrollee acknowledging receipt of the disenrollment request, and includes a copy of the enrollee's written request to disenroll. The letter contains the proposed effective date, and explains that the enrollee must continue to receive health care from MCO providers until that date.</p> <p>42 CFR 417.461(b)(2)</p> <div>[] MET [] NOT MET</div>
DS24	<p>The MCO correctly submits requests to the HCFA Regional Office for retroactive disenrollments in instances where the enrollee clearly failed to understand the lock-in and other related MCO rules. Supporting information is included in accordance with HCFA policy.</p> <p>HMO Manual § 2002.3(C)</p>